

The logo features the word "Arizona" in a yellow script font at the top left. Below it, the words "TOBACCO" and "CONTROL" are stacked in a large, white, bold, sans-serif font. To the right of "CONTROL", the word "Program" is written in a yellow script font. The background is a dark teal color with a repeating pattern of stylized, light teal illustrations of various plants, including cacti and succulents.

Arizona
TOBACCO
CONTROL
Program

STRATEGIC PLAN 2022-2026
FEBRUARY 2022



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Arizona Tobacco Control Program

Five-Year Strategic Plan 2022-2026 February 2022

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Contributing Partners

The Arizona Tobacco Control Program Five-Year Strategic Plan provides goals, strategies, and tactics that will guide commercial tobacco prevention and control throughout Arizona. The development of this plan was facilitated by the Arizona Department of Health Services, Office of Tobacco Prevention and Cessation. We thank the following organizations for generously giving their time and energy to the development of this plan.

National, State, and Community Partners:

American Academy of Pediatrics
American Cancer Society – Cancer Action Network
American Heart Association
American Lung Association
Arizona Center for Tobacco Cessation – ASHLine
Arizona Department of Education
Arizona Multihousing Association
Arizona State University
Arizonans Concerned About Smoking
Asian Pacific Partners for Empower, Advocacy, and Leadership (APPEAL)
Campaign for Tobacco Free Kids
Center for Black Health and Equity
Hopi Cancer Support and Tobacco Program
Indian Health Services
Kaibab Tribe
Mariposa Community Health Center
National Alliance for Hispanic Health
National Council for Mental Wellbeing
National LGBT Cancer Network
National Native Network
Native Americans for Community Action
North American Quitline Consortium
Phoenix Children’s Hospital
Pima Prevention Partnership
Public Health Law Center
School Safety and Social Wellness
Southwest Navajo Tobacco Education Prevention Program
United HealthCare
University of Arizona, Helpers Program
University of Arizona, Center for Tobacco Cessation
University of Colorado, Anschutz Medical Campus

County Tobacco Program Staff:

Apache County Health Services
Cochise County Health and Social Services
Coconino County Health and Human Services
Gila County Health Services Division
Graham County Health Department
Greenlee County Health Department
Maricopa County Department of Public Health
Mohave County Department of Public Health
Navajo County Public Health Services
Pima County Health Department
Pinal County Public Health Department
Town of Parker, Community Health Outreach Program
Yavapai County Community Health Services
Yuma County Public Health Services District

Tobacco, Revenue, Use, Spending and Tracking (TRUST) Commission participating organizations:

American Cancer Society
Cancer Action Network, Inc.
American Heart Association
American Lung Association
Arizona State University
Black Hills Center for American Indian Health

Mercy Care Plan
Mt. Moriah Community A.M.E. Church
North American Quiltline Consortium
United HealthCare
University of Arizona

Arizona Department of Health Services

Bureau of Chronic Disease and Health Promotion
Bureau of Women’s and Children’s Health
Office of Cancer Control and Prevention
Office of Children’s Health
Office of Chronic Disease
Office of Disease Integration and Services
Office of Environment, Health, and Toxicology
Office of Injury and Violence Prevention
Office of Maternal Health
Office of Oral Health
Office of Tobacco Prevention and Cessation
Office of Tribal Women’s Health
Smoke-Free Arizona

The Tobacco, Revenue, Use, Spending and Tracking (TRUST) Commission was created as part of Proposition 303, which was passed by Arizona voters in November 2002. The TRUST Commission serves as an advisory board to the ADHS on issues of tobacco control. The TRUST Commission confirms existing statutes authorizing the ADHS to use a portion of the tobacco tax funds for tobacco education and prevention, serves as an advisory board for the Chronic Disease Fund, including its use of certain funding provided through tax dollars, and submits an annual report of its activities to the President of the Senate and the Speaker of the House of Representatives.



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Introduction



Introduction

The Arizona Tobacco Control Program (ATCP) Five-Year Strategic Plan (2022–2026) is a statewide plan that is the result of a collaborative process, coordinated by Arizona Department of Health Services (ADHS), Office of Tobacco Prevention and Cessation, and subcontracted partners, LeCroy & Milligan Associates and Dave Nakashima. National, state, and local partners contributed to this plan development by participating in listening sessions and work group meetings on tobacco control efforts in Arizona. This plan outlines a series of goals and strategies that will guide commercial tobacco prevention and control stakeholders across Arizona to address the top preventable cause of death and disease in the state.

Vision, Mission, and Guiding Principles

The 5 Cs of Arizona Tobacco Control

As depicted in the Great Seal of Arizona, the 5 Cs of Copper, Cattle, Cotton, Citrus, and Climate are viewed as the five traditional pillars of the Arizona economy.

The ATCP Five-Year Strategic Plan puts forth the following vision, mission, and guiding principles - The 5 Cs of Arizona Tobacco Control – demonstrating our shared commitment and values that will help us achieve the goals outlined in this plan.

The 5 Cs of Arizona Tobacco Control are: Community, Commitment, Collaboration, Coordination, and Comprehensive. These guiding principles are described in further detail on the following page and are woven into the goals, objectives, and strategic actions within this plan.

Vision: Arizona is free of commercial tobacco use.

Mission: Working together to build individual, organizational and community capacities to reduce the impact of commercial tobacco use.





GUIDING PRINCIPLES



1. Community

Increase health equity and reduce disparities related to commercial tobacco use among priority populations by expanding relationships with the many culturally diverse communities within Arizona, supporting community-driven responses to tobacco-related health inequity.



2. Commitment

Commit to empowering and amplifying youth voices across Arizona to create innovative approaches for prevention and cessation program efforts.



3. Collaboration

Collaborate with multi-system stakeholders and undiscovered partners to prioritize and address the use of commercial tobacco as the leading cause of preventable death and disease.



4. Coordination

Coordinate evidence-based and promising practices, and culturally relevant messaging and communication efforts that raise awareness, educate communities, and reach broad audiences in Arizona.



5. Comprehensive

Build and sustain a comprehensive tobacco control program across the continuum of tobacco prevention and cessation efforts, including protection from secondhand smoke and electronic cigarette and other nicotine products.

Strategic Plan Development

This Strategic Plan builds on a strong history of tobacco prevention and cessation work in the state of Arizona. Past and ongoing programs and strategies provide a foundation for this Plan. Many stakeholders were engaged to develop the ATCP Five-Year Strategic Plan (2022–2026) (Exhibit 1).

Involvement of a broad range of partner organizations ensures that this document reflects shared purpose and will be useful and relevant for all those with a stake in commercial tobacco use prevention. This Strategic Plan was:

- Developed collaboratively with a facilitator and evaluation partners.
- Emphasized partner input to garner direct feedback from a wide spectrum of partners, including voices at the national, state, local, and tribal level.
- Included two engagement tracks of County Work Groups and Listening Sessions that took place virtually over a six-month time frame.
- Included review and feedback by the Core Advisory Team.

This Strategic Plan was created during the COVID-19 pandemic and was written from fall 2020 - fall 2021. Many program activities were halted or unable to continue due to the pandemic, staffing involvement was redirected to support emergency response teams at the state and local levels, and work shifted to home environments. All meetings were held virtually, which allowed for increased reach and collaboration across the country and the state. We acknowledge the unprecedented impact the pandemic has had on the health of our communities and the public health field overall. While we experienced significant challenges during this time, the goals outlined in this Plan anticipate post-pandemic recovery and resiliency.

Exhibit 1. Stakeholder Engagement to Develop the Five-Year Strategic Plan

STAKEHOLDERS	ENGAGEMENT STRATEGY	TOPICS DISCUSSED
Listening Sessions: National Partners Internal ADHS Partners Systems-Level Partners Community Partners	One session to discuss 3-4 questions that inform strategic planning.	Emerging issues and trends in next 3-5 years Incorporating tobacco prevention, education, and cessation, into current programming/ populations served Opportunities for future coordination/ collaboration
County Work Groups: Secondhand Smoke Youth Emerging Issues	Three sessions to develop strategic plan areas.	SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis Goal/strategy development Goal/strategy prioritization
Core Advisory Group TRUST Commissioners ATCP Staff LMA Evaluation Team Dave Nakashima	Periodic meetings	Review and advise on goals and content areas

How to Read this Document

This Plan utilizes terminology that is specific to those working in public health and more concisely, tobacco control. For ease of reference, a **Glossary of Terms** is available in the **Appendix** that includes common verbiage and acronyms used and definitions. The following are notable concepts and terms to keep in mind while reviewing this document.

- We acknowledge, respect, and recognize the difference between **traditional tobacco and commercial tobacco**. Some American Indian tribes use tobacco as a sacred medicine and in ceremony to promote physical, spiritual, emotional, and community well-being. This traditional tobacco is different from commercial tobacco, which is tobacco that is manufactured and sold by the commercial tobacco industry, and is linked to addiction, disease, and death. When the term “tobacco” is used in this Plan, it is referencing only commercial tobacco.
- For the purposes of this Plan, the term **electronic vapor product (EVP)** is inclusive of various devices such as electronic nicotine delivery systems, e-cigarettes, heat-not-burn products, and other products used to inhale an aerosol. EVP use referenced in this Plan also includes terms commonly used by youth, such as “Juuling” or “vaping.”
- While commercial tobacco use has decreased in Arizona and adult prevalence is below national rates, tobacco use has not decreased equally across all communities and populations in Arizona. A major goal of this Plan is to **advance public health strategies that support health equity among all Arizonans**. To better understand these health disparities, this Plan presents statewide data as well as data specific to populations disproportionately affected by tobacco and EVP use. Additional data may be found online from state and national surveillance systems including the [Behavioral Risk Factor Surveillance Survey \(BRFSS\)](#), [Youth Risk Behavior Surveillance Survey \(YRBSS\)](#), and the [Arizona Youth Survey \(AYS\)](#).

Next Steps for Plan Development and Implementation

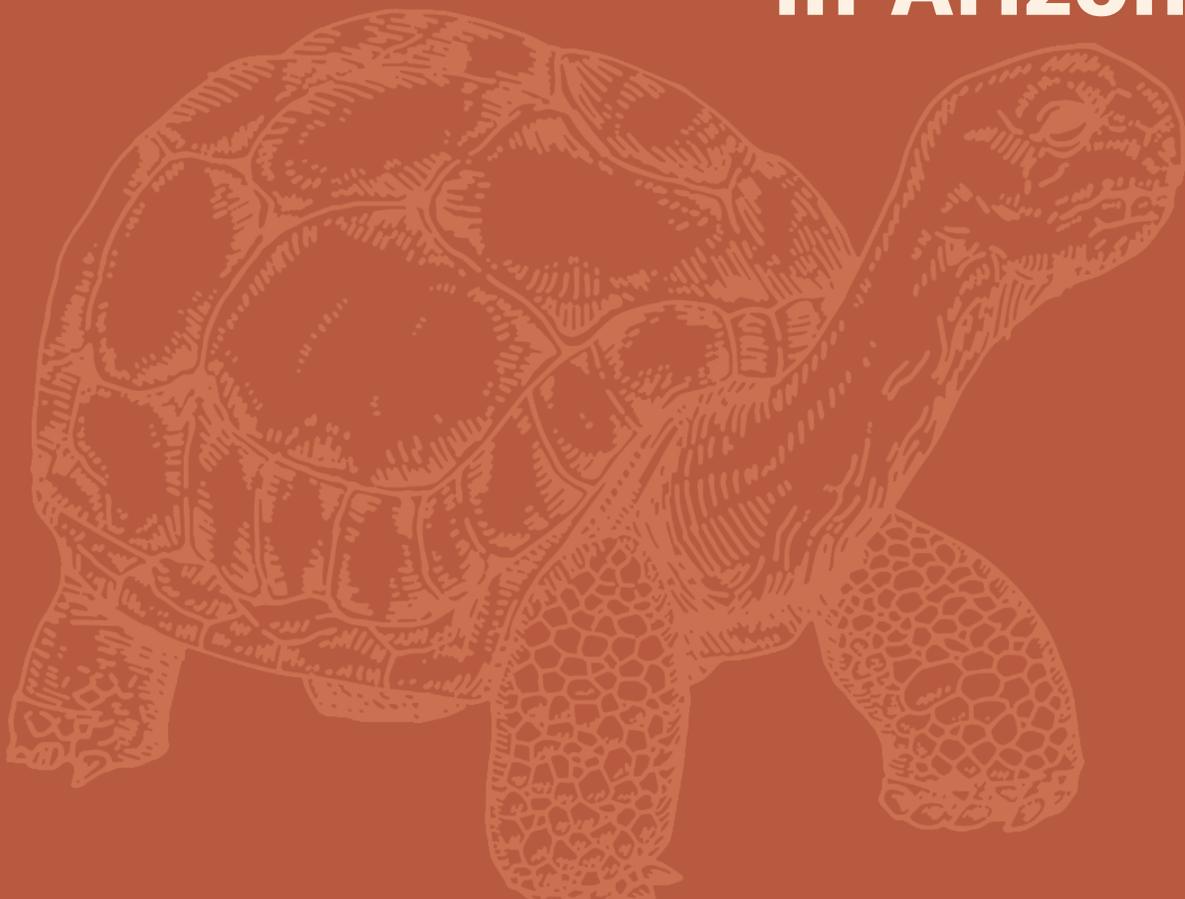
The intent of this document is to act as a “roadmap” for statewide commercial tobacco and nicotine prevention and cessation work in the years to come. As the first standalone comprehensive tobacco control plan in Arizona in over ten years, this strategic plan will be used to build on the historic success of past work, bring statewide partners and stakeholders together under a common set of goals, aid in the development of new programming, and identify promising practices.

Instead of setting these strategies and approaches in stone for the next five years, the Arizona Tobacco Control Program (ATCP) at ADHS is committed to ensuring that this Plan is a “living document” and open to revisions, recommendations, and new objectives. As the tobacco industry is constantly evolving, the ATCP’s goal is to adjust and pivot to new challenges and roadblocks that may arise.

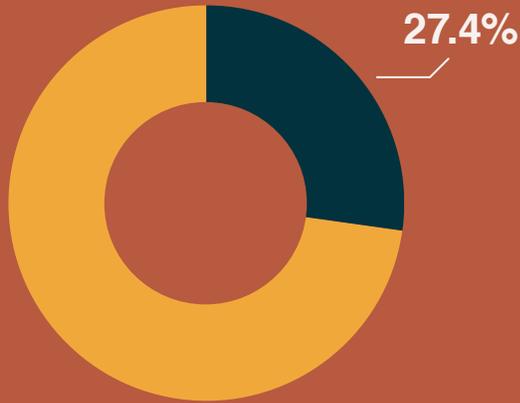
Moving forward, another major goal of the ATCP team is to begin to identify new and innovative partnerships across public and private sectors, including, but not limited to, organizations working on addressing poverty, health and racial equity, social justice, and chronic disease.

The strategies in this Plan cannot be implemented by any one organization or group. A network of tobacco control partners are needed to support the aims set forth in this document. Many of the stakeholders that participated in the creation of this Plan are actively involved in much of the ongoing work around the state. Without them, the vision of an Arizona free of commercial tobacco use is simply not possible.

Commercial Tobacco Use Statistics in Arizona



Commercial Tobacco Use Statistics in Arizona



More than a **quarter of deaths due to cancer** can be attributed to tobacco.

8,300

people die from smoking each year in Arizona.¹

\$2.38

billion in annual health care costs in Arizona are directly caused by smoking.²

\$382.7

million in Medicaid costs were caused by smoking in Arizona.³

Adult Tobacco Use in Arizona

2015

2020

25.0%

26.0%

In Arizona, the percent of adults who identify as **former smokers** has increased slightly from 2015 to 2020.

14.0%

13.1%

9.2%

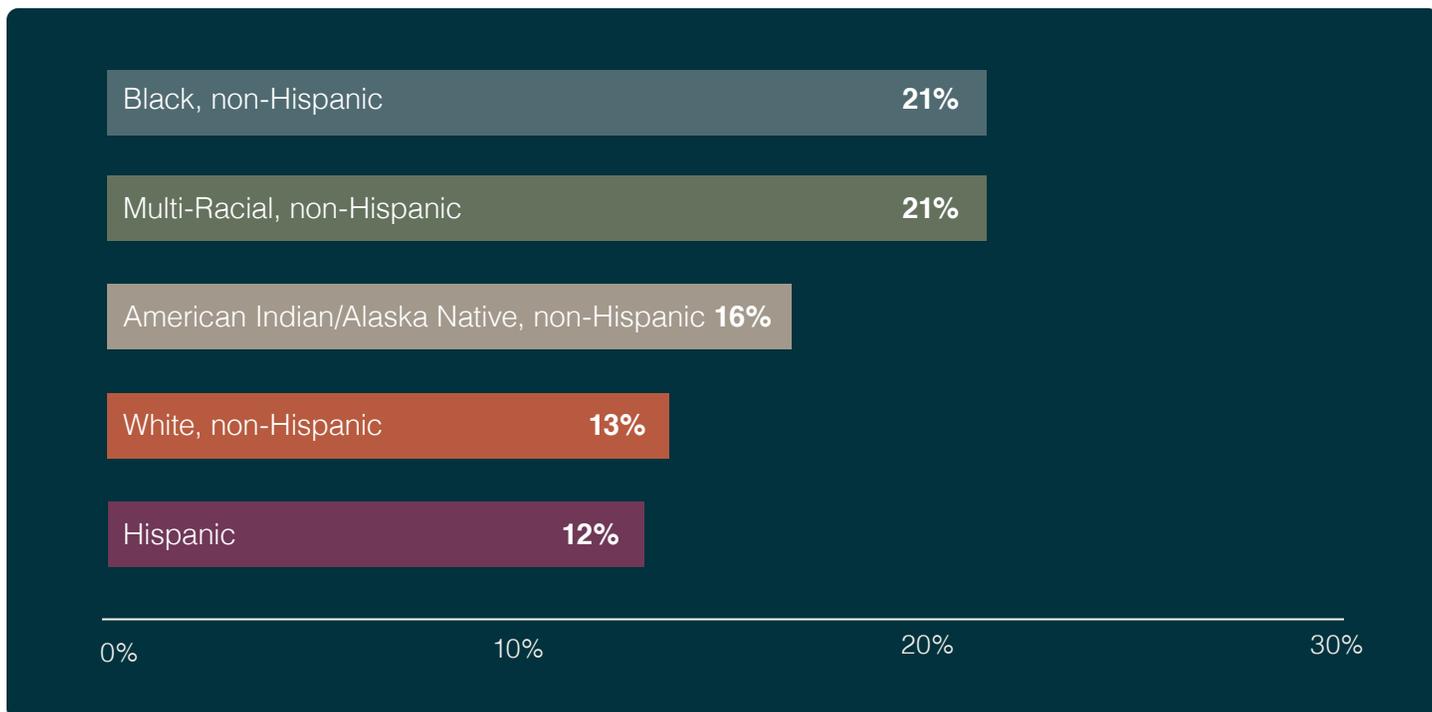
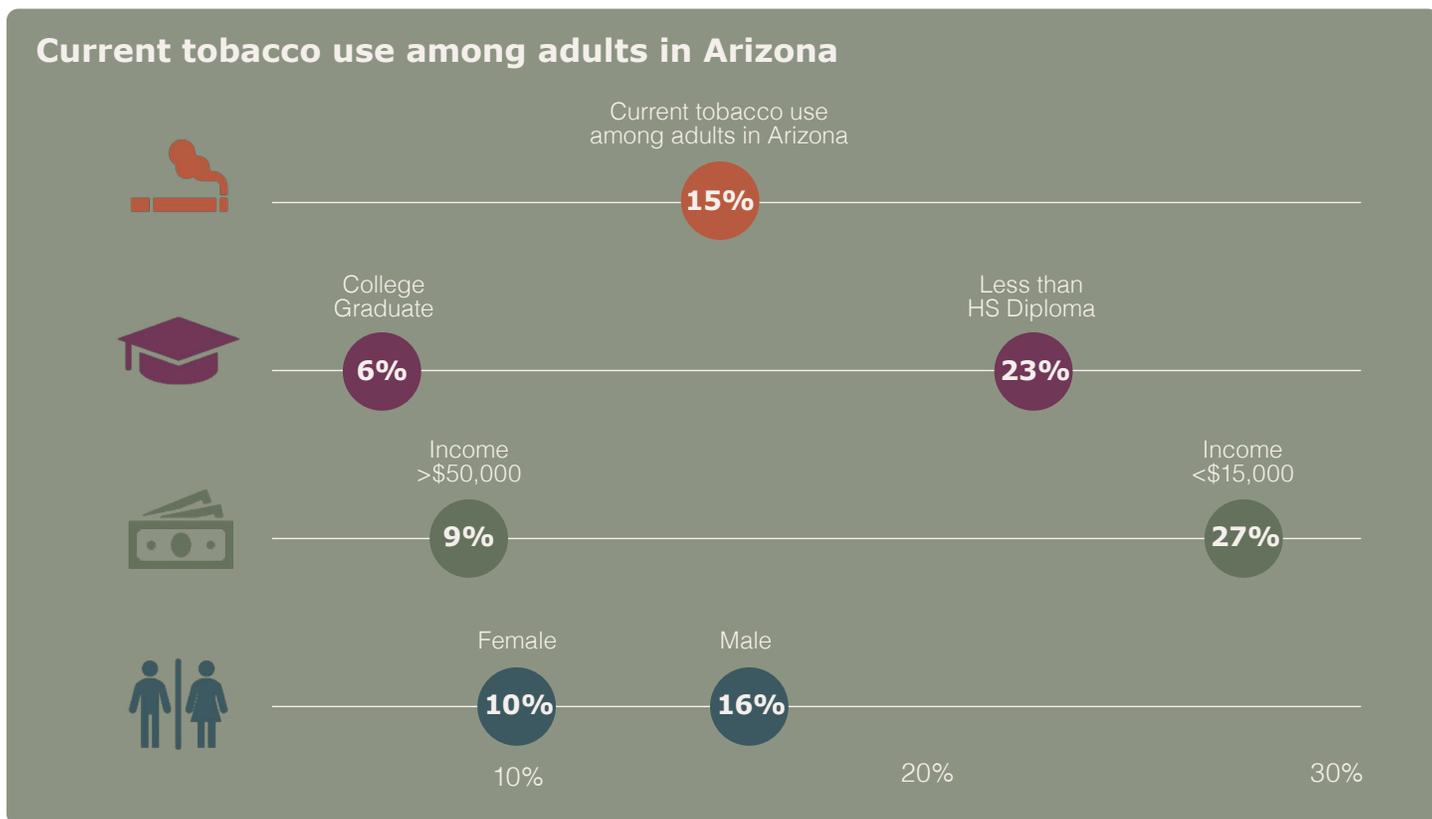
9.0%

The percent of adults who identify as **current smokers** and who **report daily** smoking has decreased slightly from 2015 to 2020.

(Source: Arizona BRFSS, 2015, 2020.)

Disparities in Current Tobacco Use Among Adults in Arizona

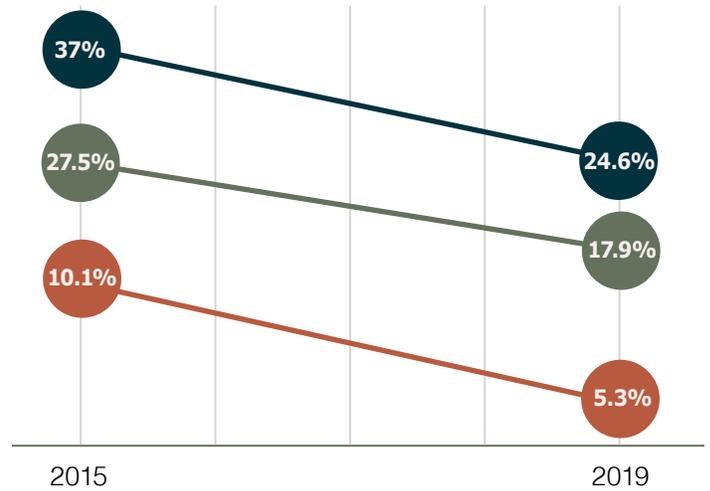
Social inequity and targeted tobacco industry tactics contribute to high disparities in current commercial tobacco use among adults in Arizona compared by **education, income, gender, and race/ethnicity**. (Source: [Arizona BRFSS, 2020](#)).



Youth Tobacco Use

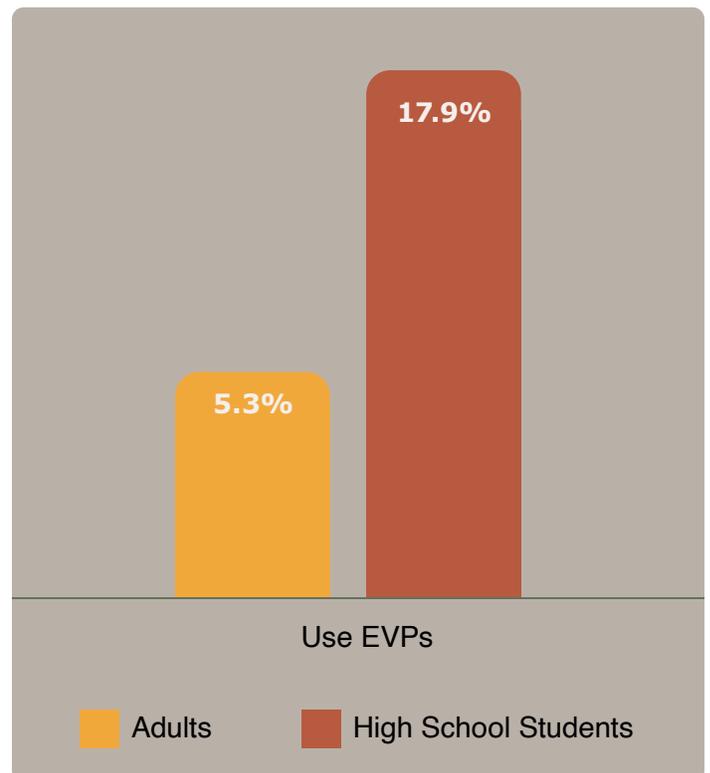
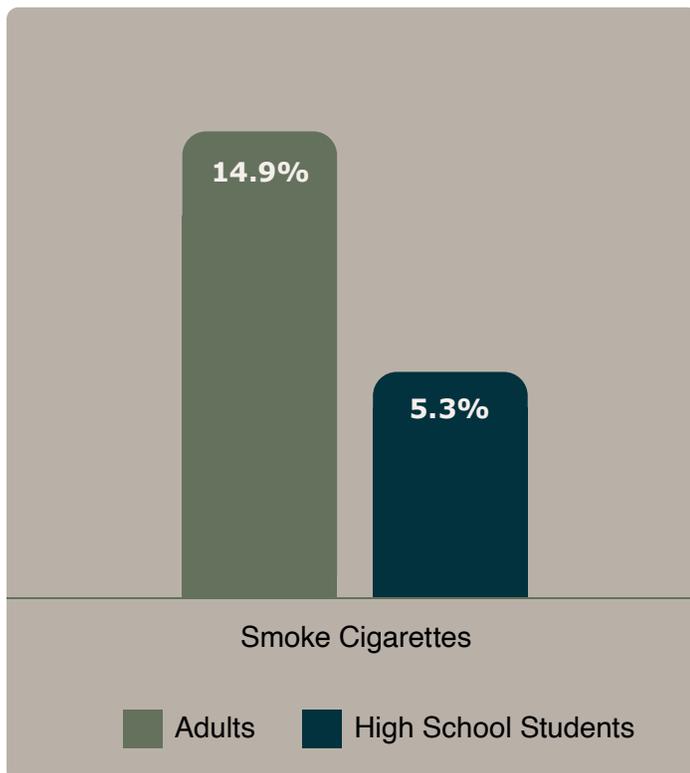
Arizona high school students have decreased their use of cigarettes and EVPs from 2015 to 2019, according to the Arizona [YRBSS](#).

- The percentage of High School students who have **ever tried smoking cigarettes** decreased from 37%.0 in 2015 to 24.6% in 2019.
- **EVP use within the past 30 days** among High School students decreased from 27.5% in 2015 to 17.9% in 2019.
- **Cigarette use in the past 30 days** has also decreased from 10.1% in 2015 to 5.3% in 2019.



Age Disparities

Adults in Arizona smoke cigarettes at higher rates than high school students. However, **high school students** use EVPs at more than 3 times the rate of adults.



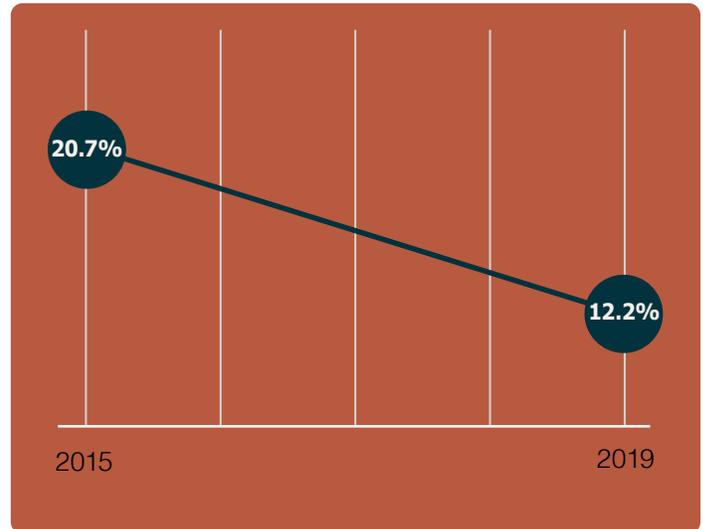
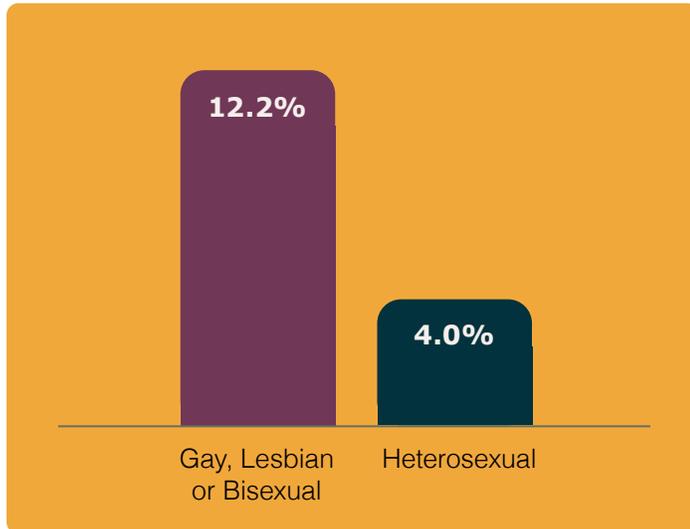
(Sources: Arizona [YRBSS](#), 2019); Arizona [BRFSS](#), 2019).

Sexual Orientation Disparities

Tobacco-related disparities affect high school students who identify as gay, lesbian, or bisexual, according to survey data collected by the Arizona YRBSS (2019).

In 2019, High School students who identified as **gay, lesbian, or bisexual** were 3 times as likely to report smoking cigarettes in the past 30 days than their peers who identified as **heterosexual**.

While disparities persist, the percent of High School students who identify as **gay, lesbian, or bisexual** who reported smoking cigarettes in the past 30 days has decreased significantly from 2015 to 2019.



Gender Disparities

Young males are more likely to smoke cigarettes.

According to the Arizona YRBSS (2019), male high school students were significantly more likely than females to have ever tried smoking cigarettes, first tried a cigarette before age 13, have smoked cigarettes or cigars in the past 30 days, and used smokeless tobacco products in the past 30 days.

Young females are more likely to use EVPs.

AYS data shows that in 2020, 16.3% of young females in 8th, 10th, and 12th grades reported having used EVPs (e.g., “vaped e-liquid or e-juice with nicotine, e-cigarettes”) in the past 30 days compared to 13.3% of young males.

Adult males are more likely to smoke cigarettes than adult females.

According to BRFSS data (2020), 15.9% of adult males identified as current smokers, compared to 10.4% of adult females.

Of adults who reported having never smoked, 66.6% were female and 55.0% were male.

Arizona Tobacco Control Policies

In 2002, Arizona voters passed **Proposition 300** that raised the tax on tobacco products an additional \$0.60, bringing the total sales tax to \$1.18 per pack. In December 2006, Arizona voters passed Proposition 201, the Smoke-Free Arizona Act, prohibiting smoking in most enclosed public places and places of employment. The Smoke-Free Arizona Act placed an additional \$0.02 sales tax on cigarettes. Also passed was Proposition 203, First Things First for Arizona's Children, which placed an additional \$0.80 tax on cigarettes to fund early childhood education and health programs. **The total state sales tax on cigarettes is currently \$2.00 per pack in Arizona.**

The **Smoke-Free Arizona Act** prohibits smoking in all government and private workplaces, schools, childcare facilities, retail stores, recreational/cultural facilities, restaurants, bars, and casinos/gaming establishments with some exemptions.

Tribes are Sovereign Nations and the Smoke-Free Arizona Act has no application on tribal reservations. Smoking when associated with a religious ceremony practice pursuant to the American Indian Religious Freedom Act of 1978.



Arizona Tobacco Control Timeline of Key Policy Events, 2002-2021

Federal Tobacco Policy

June 22, 2009: Family Smoking Prevention and Tobacco Control Act signed into law gives the Federal Drug Administration (FDA) authority to regulate the manufacture, distribution, and marketing of tobacco products.

June 29, 2010: The Prevent All Cigarette Trafficking Act (PACT) went into effect, regulating the sale of cigarettes and smokeless tobacco through non-face-to-face means and making cigarettes and smokeless tobacco non-mailable.

August 2, 2012: Delivery sales ban on tobacco products under A.R.S. § 36-798.06 is enacted.

September 13, 2013: E-cigarettes were added to products prohibited for sale to minors under A.R.S. § 13-3622.

September 13, 2013: A prohibition on the commercial use of tobacco product rolling vending machines went into effect under A.R.S. § 13-3711.

July 31, 2018: U.S. Department of Housing and Urban Development implemented a final rule requiring smoke-free policies for all residential units and common areas in multi-unit housing.

December 20, 2019: The U.S. adopted a law raising the federal minimum age of sale of all tobacco products from 18 to 21. The U.S. also banned flavored cartridge based electronic nicotine delivery systems (ENDS). All flavors were banned except menthol and tobacco-flavored e-cigarettes or ENDS.

March 15, 2020: FDA issued a final rule on graphic warnings for cigarettes. The rule is set to go into effect in 2022.

December 21, 2020: The definition of cigarettes in the PACT Act was amended to include e-cigarettes and related products, extending the PACT regulations to those products. This includes requirements for registration and reporting by e-cigarette sellers and non-mailability of e-cigarettes.

Arizona Tobacco Policy

2002 - Arizona voters passed **Proposition 300** that raised the total tax on tobacco products to \$1.18 per pack.

2006 - Arizona voters passed **Prop 201 Smoke-Free Arizona Act**, prohibiting smoking indoors and within 20 feet of entrances, open windows, and ventilation systems of most enclosed public places and places of employment, with a few exemptions. The Smoke-Free Arizona Act placed an additional \$0.02 sales tax on cigarettes.

2006 - Voters also passed **Prop 203 First Things First Act**, which placed an additional \$0.80 tax on cigarettes to fund early childhood education and health programs.

The total State sales tax in Arizona on cigarettes is currently \$2.00 per pack (2006-present).

2012-2021 - Twenty-one (21) Smoke-Free Parks Ordinances were implemented.

2014-2015 – Smoke-Free Passenger Vehicle Ordinances were passed in Kingman and City of Tempe to prohibit smoking in vehicles with minors.

2016-2019 - T21 Ordinances were passed in five Arizona cities that raised the age to purchase tobacco to 21 from 18: City of Cottonwood (2016), City of Douglas (2017), City of Flagstaff (2018), City of Goodyear (2019), and City of Tucson (2019).

2019-2020 - Tobacco Retail Licensing laws were passed in the City of Flagstaff (2019) and the City of Tucson (2020).

Five-Year Strategic Plan



Arizona Tobacco Control Program Five-Year Strategic Plan

Goals

1

Identify and eliminate tobacco-related disparities among population groups.

2

Prevent initiation of tobacco use, including emerging products and electronic vapor products (EVPs), among youth and young adults.

3

Promote quitting among adults and youth.

4

Eliminate exposure, educate, and protect the public from secondhand smoke (SHS) and electronic vapor product (EVP) emissions.

5

Monitor and address new and emerging tobacco products and industry tactics.



Goal 1

Identify and eliminate tobacco-related disparities among population groups

Objectives

1. Prioritize efforts to achieve health equity in all areas of a comprehensive tobacco control program.

2. Include members of priority populations in the program planning process and/or in an advisory capacity.

Strategic Actions

1.1 Monitor surveillance data to track changes in disparities over time to inform decision making. Promote greater inclusivity in collection of surveillance data to ensure that data accurately represents populations disproportionately impacted by tobacco use.

1.2 Support organizations serving communities experiencing health disparities to develop targeted messages, programs, and collaborative partnerships to address disparities that affect specific populations, including:

- Behavioral health conditions
- Medicaid beneficiaries
- Low socio-economic status
- Rural populations
- LGBTQIA+
- Tribal communities/American Indians
- Latinx and Hispanic
- African Americans

1.3 Work with community partners to lead and co-create commercial tobacco prevention and cessation strategies that meet the unique cultural and geographic needs of specific populations.

1.4 Develop program design models that allow for flexibility in program development and implementation to meet local needs, while ensuring sound principles of public health prevention, health equity, and utilize a policy, systems, and environmental (PSE) approach. This includes identifying and leveraging additional funding opportunities, identifying new partners, and assessing progress.

1.5 Examine and address statewide policies for inconsistencies in health equity or actions that would widen health disparities.

2.1 Ensure diverse representation of priority population groups in advisory groups and panels, including on the TRUST Commission.

2.2 Develop a Youth Advisory Board to elevate youth voices in the planning and development of youth-specific prevention, cessation, and marketing programs.

2.3 Incorporate the perspectives of individuals who have experienced tobacco-related health inequities, including current and former tobacco users, into program planning and implementation. This may include focus groups, surveys, and other efforts.

Goal 2

Prevent initiation of tobacco use, including emerging products and electronic vapor products (EVPs), among youth and young adults

Objectives

Strategic Actions

1. Build comprehensive, statewide, youth-led strategies for prevention and activities for youth to implement locally within their coalitions and communities.

1.1 Explore and support youth coalition interest and ability to approach/address tobacco prevention and cessation as a social justice issue.

1.2 Establish a program design and structure to develop youth-led programmatic strategy activities.

2. Develop a youth-centered strategy framework for coalition engagement and education activities.

2.1 Create training materials and toolkits for adult coordinators for youth recruitment, orientation, and retention strategies.

2.2 Create training toolkits for coalition members to build youth capacity.

2.3 Develop and disseminate training and educational materials for youth tobacco prevention efforts.

3. Engage regional coalitions to coordinate and collaborate on shared priorities, strategies, and initiatives.

3.1 Have regular collaborative meetings or town halls with diverse, multi-level stakeholders/partners, locally and statewide.

3.2 Develop communication and information sharing capacity for coalitions.

3.3 Facilitate and coordinate a collaborative initiative of regional coalitions.

4. Establish statewide uniform messaging regarding youth tobacco prevention and cessation for coalitions to utilize.

4.1 Coordinate statewide messaging/marketing efforts to promote youth prevention and cessation and counter industry messaging.

4.2 Utilize existing social media platforms to increase youth engagement media/marketing reach.

4.3 Monitor industry media/marketing strategies and activities to develop counter messaging to increase effectiveness.

Goal 3

Promote quitting among adults and youth

Objectives

Strategic Actions

1. Utilize a multi-modal approach to tobacco cessation.

1.1 Increase public awareness and use of Arizona Smokers' Helpline (ASHLine, Arizona's Quitline) through branding efforts.

1.2 Create or adopt innovative approaches to cessation, such as two-way text, web-based coaching, and app development.

1.3 Ensure that ASHLine services are culturally relevant for Native American, Latinx and Hispanic, LGBTQIA+, Black/African American, and other communities in Arizona.

1.4 Develop or adopt a cessation protocol for youth.

1.5 Explore strategies for meeting the needs of harder-to-reach, long-term tobacco users.

2. Reduce EVP use among youth.

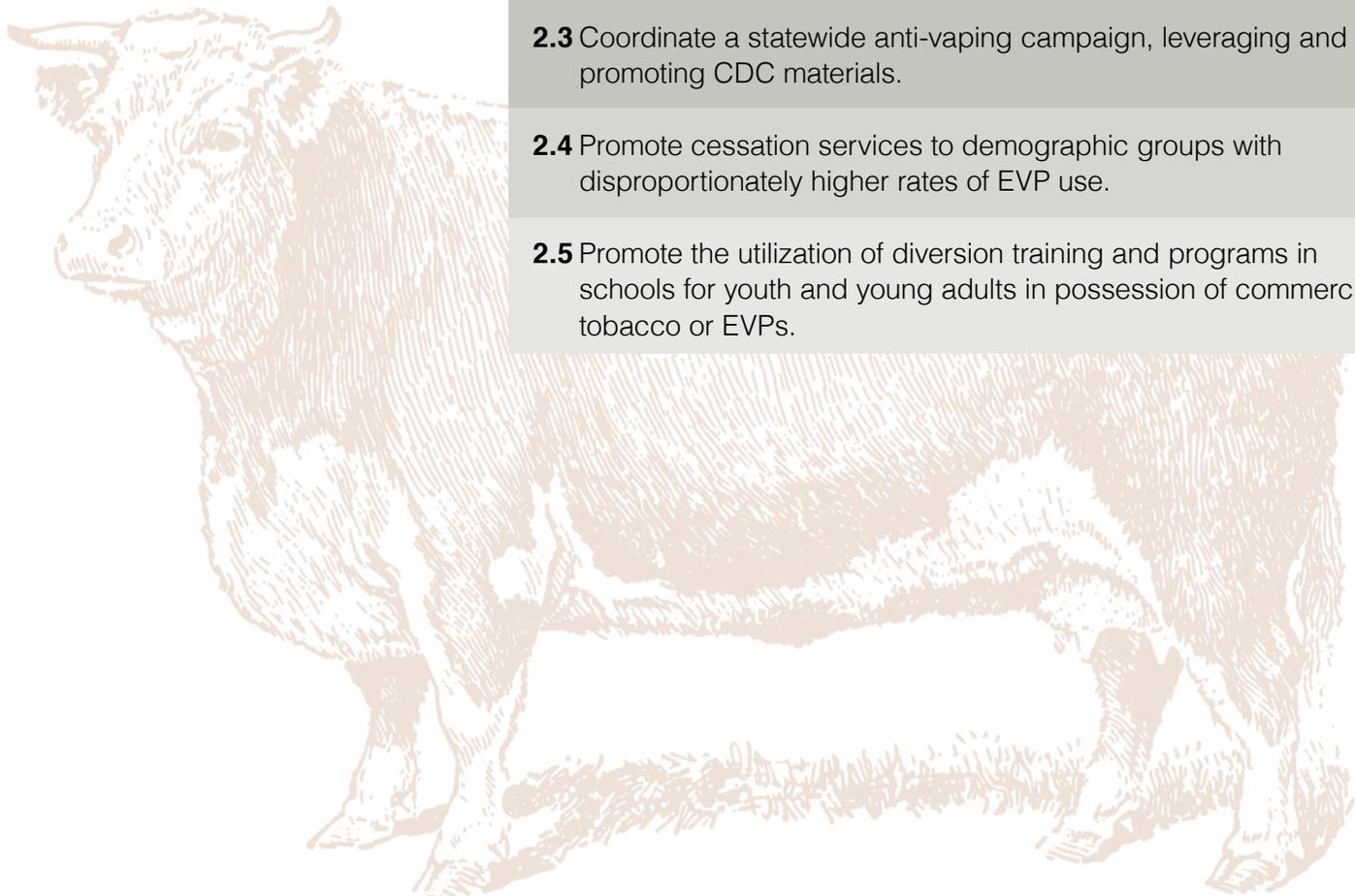
2.1 Increase anti-tobacco policies (including EVPs) in schools.

2.2 Prevent initiation and reduce access to EVPs to youth.

2.3 Coordinate a statewide anti-vaping campaign, leveraging and promoting CDC materials.

2.4 Promote cessation services to demographic groups with disproportionately higher rates of EVP use.

2.5 Promote the utilization of diversion training and programs in schools for youth and young adults in possession of commercial tobacco or EVPs.



Objectives

Strategic Actions

3. Reduce tobacco use and promote quit attempts among individuals with behavioral health conditions.

3.1 Increase awareness and engagement among behavioral health providers on commercial tobacco use and emerging issues.

3.2 Develop relationships with and outreach to behavioral health providers to increase collaboration.

3.3 Increase discussion and promotion of quit attempts at all points of contact with behavioral health providers.

3.4 Create policies and systems that promote cessation and limit commercial tobacco, including EVP use at behavioral health facilities and on campus grounds.

4. Reduce tobacco use and promote quit attempts among AHCCCS beneficiaries and individuals who are uninsured/underinsured

4.1 Increase health care access and coverage to pay for Nicotine Replacement Therapy (NRT) for people who have AHCCCS or are underinsured or uninsured.

4.2 Increase collaboration between AHCCCS, ASHLine, and ADHS.

4.3 Increase targeted marketing to AHCCCS beneficiaries to promote tobacco prevention and cessation.



Goal 4

Eliminate exposure, educate, and protect the public from secondhand smoke (SHS) and electronic vapor product (EVP) emissions

Objectives

Strategic Actions

1. Increase tobacco-free environments by strengthening smoke-free policies.

1.1 Promote and support efforts to develop and implement tobacco-free environments (including EVPs) with an emphasis on:

- Multi-unit housing
- EVP use in public places
- Behavioral health treatment facilities
- Juvenile and adult correctional facilities
- Private worksites
- County, city, and state government facilities, grounds, and parks

1.2 Evaluate the effectiveness and reach of tobacco free policies and current protection coverage and gaps.

2. Re-build statewide program capacity to eliminate exposure to SHS and EVP emissions.

2.1 Support a statewide SHS initiative that will educate state leaders, decision-makers, and the public about SHS exposure to Arizona communities, utilizing evidence-based policies and other strategies to reduce this burden.

2.2 Incorporate SHS education in adult and youth commercial tobacco cessation programs.

2.3 Strengthen collaboration and coordination regarding the enforcement and education of smoke-free policies between the Arizona Tobacco Control Program and Smoke-Free Arizona.

2.4 Create evidence-based, culturally appropriate mass-reach health communication interventions to reduce exposure to SHS and EVP emissions including the promotion of commercial tobacco cessation resources.

Goal 5

Monitor and address new and emerging tobacco products and industry tactics

Objectives

Strategic Actions

1. Monitor industry tactics.

1.1 Monitor industry media/marketing strategies and activities to develop counter messaging to increase effectiveness.

1.2 Create a responsive and time-sensitive communication system to share information.

1.3 Per AGO request, assist and monitor Assurance Voluntary Compliance (AVC).

2. Address new and emerging tobacco products.

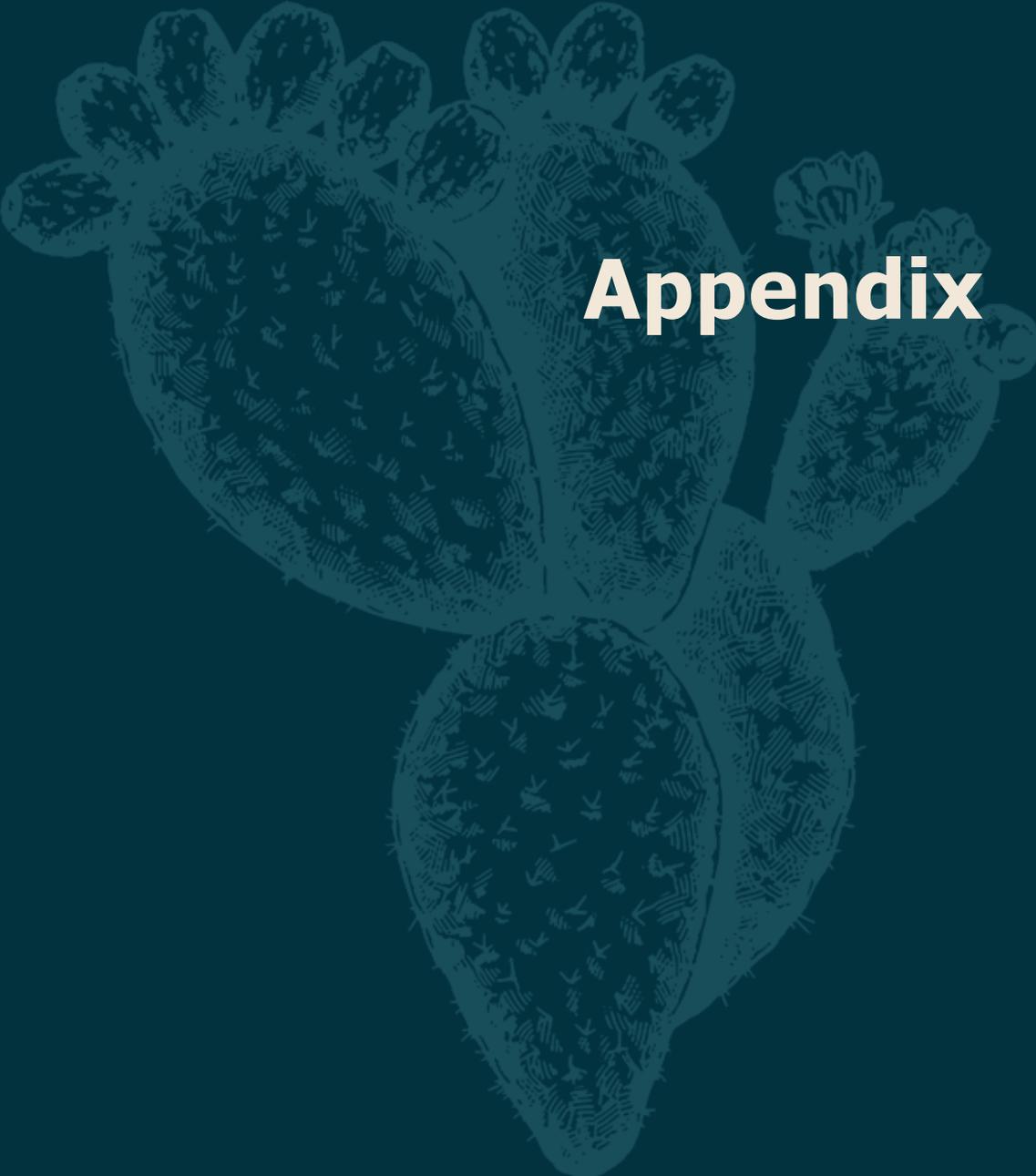
2.1 Engage with partners to impact state and local tobacco control policies.

2.2 Employ community and culturally appropriate high-impact messages on new emerging product education.

2.3 Ensure all response to emerging issues are grounded in a promising and/or evidence-based practice.

2.4 Convene a workgroup to inform statewide tobacco education and cessation efforts about new products.





Appendix

Appendix

Glossary of Terms

ADHS: Arizona Department of Health Services

AHCCCS: Arizona Health Care Cost Containment System (AHCCCS). Arizona's Medicaid agency that offers health care programs to serve Arizona residents. Individuals must meet certain income and other requirements to obtain services.

ASHLine: Arizona Smokers' HelpLine - Website for the ADHS Quitline program, ASHLine, is <https://ashline.org/>.

ATCP: Arizona Tobacco Control Program

Arizona Youth Survey (AYS): AYS data is collected by the Arizona Criminal Justice Commission. This data is used by ATCP to conduct surveillance activities that focus on emerging tobacco products among youth and young adults (8th, 10th, and 12th grade students), including those that are at greatest risk for tobacco-related disparities based on sociodemographic factors and social determinants of health.

Behavioral Risk Factor Surveillance Survey (BRFSS): ADHS Bureau of Public Health Statistics collects BRFSS data from Arizona adults aged 18 and over living at home. BRFSS survey data is used by ATCP to monitor selected public health objectives related to tobacco control outcomes.

CDC: Centers for Disease Control and Prevention

Commercial Tobacco: Tobacco that is manufactured by companies for recreational and habitual use in cigarettes, smokeless tobacco, pipe tobacco, cigars, hookahs, and other products. Commercial tobacco is mass-produced and sold for profit.

E-cigarette Aerosol: Substance produced from heating e-cigarette liquid and the substance exhaled by the person using the e-cigarette.

E-Cigarettes: Electronic devices that simulate tobacco smoking.

Electronic Vapor Product (EVP): E-vaporizers, or electronic nicotine delivery systems, are battery-operated devices that people use to inhale an aerosol, which typically contains nicotine (though not always), flavorings, and other chemicals.

Health Disparity: A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on characteristics like their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; or other characteristics historically linked to discrimination or exclusion.

Health Equity: Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

LGBTQIA+: This acronym is a shorthand or umbrella term for the people and communities who identify as lesbian, gay, bisexual, transgender, intersex, queer (sometimes “q” also refers to people who are questioning), and/or asexual (sometimes “a” also refers to allies). Use of the “+” acknowledges that there are many other genders and identities that are not included in the acronym, such as Two-Spirit (see definition for Two-Spirit in this glossary).

Nicotine Replacement Therapy (NRT): NRT is the most commonly used family of quit smoking medications. NRT reduces withdrawal feelings by giving you a small, controlled amount of nicotine, but none of the other chemicals found in cigarettes.

NSTCP: National and State Tobacco Control Program, funded by the CDC.

OSH: Office on Smoking and Health

Behavioral Health Conditions: Individuals with diagnosed mental health conditions, substance use disorders, or both. A mental health diagnosis is defined as any diagnosable mental, behavioral, or emotional disorder. Substance use disorder is defined as dependence or abuse of alcohol or illicit drugs.

Priority Population: Population of particular focus for tobacco prevention and cessation because a tobacco-related health disparity exists and/or there is a potential for significant impact with this group.

Quitline: telephone-based tobacco cessation services that help tobacco users quit. Services offered by quitlines include coaching and counseling, referrals, etc.

Secondhand Smoke: Substance produced from burning tobacco products (e.g., cigarettes, cigars, or pipes) and the substance exhaled by the person smoking.

Smokeless Tobacco: Any tobacco product that is not burned or heated, including chewing tobacco, snuff, snus, and dissolvable products.

Smoking: Inhaling, exhaling, burning, operating, or carrying any lighted or heated tobacco product, including e-cigarettes.

Thirdhand Smoke: Residual nicotine and other chemicals left on indoor surfaces by tobacco smoke.

Tobacco Cessation Products: Products that are approved by the U.S. Food and Drug Administration to help people quit using tobacco. These products include NRT options such as skin patches, lozenges, and gum, as well as prescription medicines including varenicline and bupropion.

Tobacco Cessation: The process of quitting use of tobacco products.

Tobacco Control: A field dedicated to addressing tobacco use and thereby reducing the harms it causes.

Tobacco-Free Environments: Tobacco-free environments are designated indoor workplaces, indoor spaces, and outdoor public places that are regulated by policies that have established smoke-free standards.

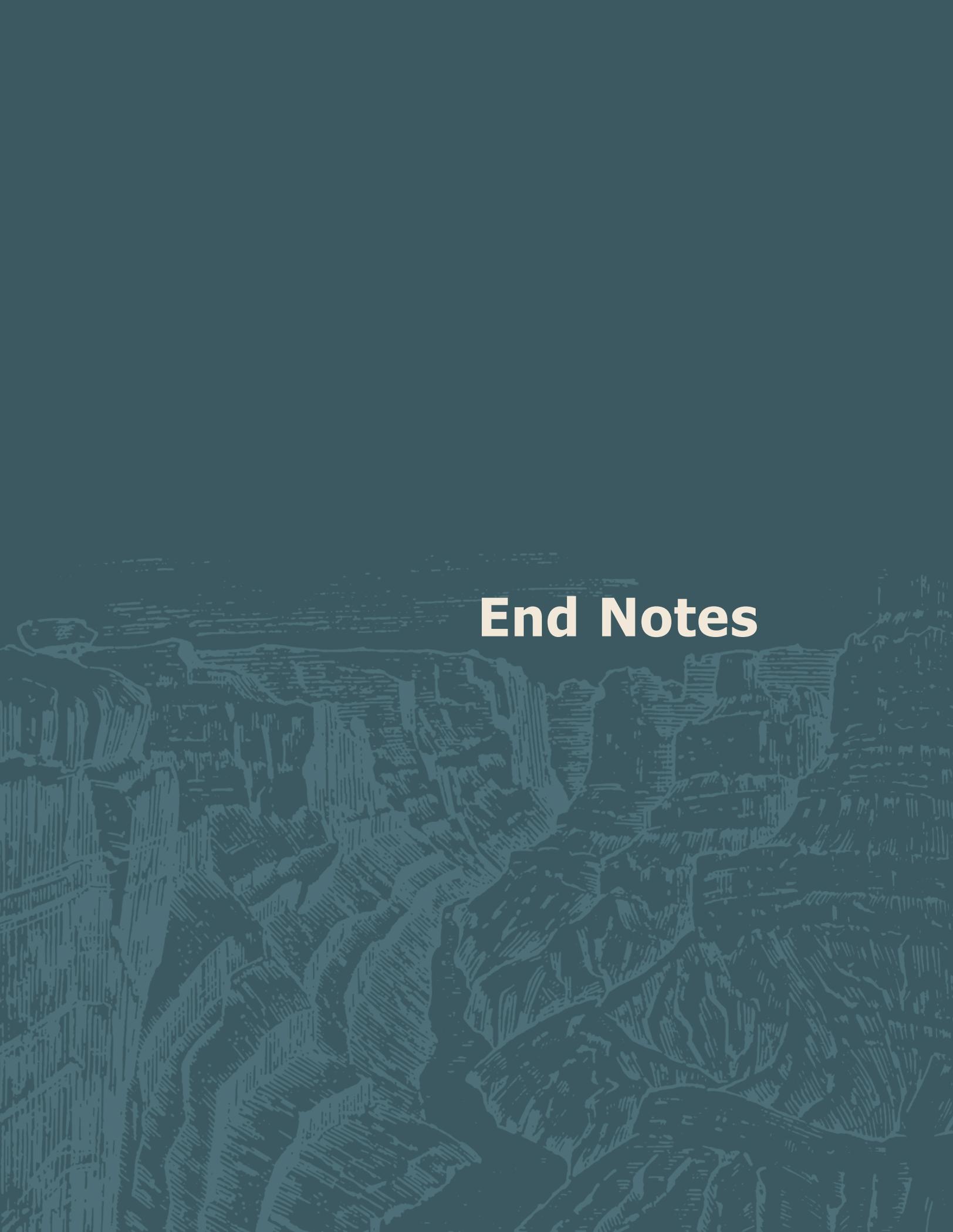
Tobacco or Tobacco Product: Any item made of commercial tobacco intended for human consumption, including cigarettes, cigars, pipe tobacco, smokeless tobacco, and e-cigarettes. The tobacco product definition does not include traditional tobacco.

Traditional Tobacco: Tobacco and/or other plant mixtures grown or harvested and used by American Indians and Alaska Natives for ceremonial or medicinal purposes.

Two-spirit: Refers to a person who identifies as having both a masculine and a feminine spirit, and is used by some Indigenous people to describe their sexual, gender, and/or spiritual identity.

Youth Risk Behavior Surveillance Survey (YRBSS): YRBS survey is conducted in Arizona by the ADHS Bureau of Nutrition and Physical Activity. This survey data is used by the ATCP to assess and monitor Arizona high school students' behaviors related to tobacco control outcomes.





End Notes

End Notes

¹ Lortet-Tieulent, J. et al. (2016). State-Level Cancer Mortality Attributable to Cigarette Smoking in the United States. *JAMA Internal Medicine*, 176(12), 1792-1798.

² U.S. Department of Health and Human Services. (2014). [The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General](#). Atlanta: Centers for Disease Control and Prevention, Office on Smoking and Health.

³ Xu, X, et al. (2021). U.S. healthcare spending attributable to cigarette smoking in 2014. *Preventive Medicine*, 150. <https://doi.org/10.1016/j.ypmed.2021.106529>.

